

YCFA Application

Fill out this application and return all the required information by **September 22** for early acceptance to:

Mailing Address:

**Greensboro Youth Council
P.O. Box 3136
Greensboro, NC 27402-3136**

Street Address:

**501 Yanceyville St.
Greensboro, NC 27405
(336) 373-2733**

Please TYPE or PRINT legibly!

Name: _____

(First)

(Middle)

(Last)

Address: _____

(City)

(State)

(Zip)

Home Phone: () _____ Work: () _____

School _____ Grade: _____

T-Shirt Size: _____ Email: _____

Age _____ Name for Name Tag: _____

Parent or Guardian Information:

Name: _____

(First)

(Last)

Relationship: _____ Work Phone: () _____

In case of emergency contact: _____

Phone: () _____

How did you hear about YCFA? (circle one; if Other, please specify.)

School

Website

Friend

GYC member

Flyer/poster

Other _____

(OVER)

What do you expect to learn from the YCFA program?

Why do you want to participate?

In your opinion, what are the three (3) most important elements to being a firefighter?

1. _____
2. _____
3. _____

I have read through the information packet with my son/daughter and I support his/her decision to participate in YCFA.

(Parent's Signature)

(Date)

(Applicant's Signature)

(Date)

If you have any questions, please call Jenny Caviness at 373-2733.

Application Checklist:

- ☐ Completed application with appropriate signatures
- ☐ One letter of recommendation

**DEADLINE TO APPLY for
early acceptance: FRIDAY,
September 22**

Office Use Only

Code: _____

Calendar of Events

Date	Time	Session
Wed. Jan 31	6-8:00 pm	Orientation & Session #1
Wed. Feb. 14	6-8:00 pm	Session #2
Wed. Feb. 28	6-8:00 pm	Session #3
Wed. March 14	6-8:00 pm	Session #4
Wed. March 28	6-8:00 pm	Session #5
Wed. April 11	6-8:00 pm	Session #6
Wed. April 25	6-8:00 pm	Session #7
Wed. May 2	6-7:30 pm	Session #8 Recognition Night

Session Topics to include:

- Basics of Firefighting
- Tour of Fire Stations
- Special Teams demonstrations
- Ladders, Knots and Rope training
- Medical Response & EMS
- Smoke Lab Burn Senario & Search & Rescue
- Recruit Training
- Tour 911 Communications Center

What is YCFA?



**YOUTH CITIZEN'S
FIRE ACADEMY**

The Youth Citizen's Fire Academy (YCFA) is a program of the Greensboro Youth Council (GYC) and the Greensboro Fire Department designed to give the youth of today insight into the challenges facing today's firefighters and learn about fire department operations.

Sponsored by:



Applicant Requirements

Eligibility:

☐ You must be a SOPHOMORE, JUNIOR or SENIOR enrolled in any of the public or private schools or homeschool in Guilford County.

☐ Submit the enclosed application.

☐ Submit 1 letter of recommendation.

Participant:

☐ Upon acceptance into the program, you must pay a \$30 for City of Greensboro residents or \$45 for non-residents fee to cover program costs.**

☐ Attend all eight (8) sessions.

☐ Attend the YCFA Recognition Night.

☐ Complete a Fire Department ride-along.

****Do not send a check. This is only an application. You will be notified of your acceptance by mail**Financial Aid Information available upon request.**

**DEADLINE to Apply for early acceptance:
Friday, September 22**

Recommendation

Please TYPE or PRINT legibly!

To The Applicant:

Name: _____
(Last) (First) (Middle)

Grade: 10__ 11__ 12__ School _____

Youth Citizen's Fire Academy must receive this form by
September 22 for early acceptance. Your reference must return this form to you. You are responsible for making sure your application packet is submitted by the deadline.

To The Reference:

The person named above is an applicant for the Youth Citizens Fire Academy. The Selection Committee is aware of the time necessary to prepare this form and greatly appreciates your help. Please make sure this applicant has an interest in the function of the fire department or a career in firefighting. These youth will be exposed to a variety of information not suitable for all teens.

Name of Reference _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

Comment on how you feel the student would benefit/ contribute to this program. NOTE: Please do not refer to the applicant by name.

Please rate the student in the following areas using the scale below:

5-Superior	2-Below Average
4-Above Average	1-Well Below Average
3-Average	

Dependability _____	Maturity _____
Responsibility _____	Attentiveness _____
Conduct _____	Ability to take directions -----
Ability to work with others _____	

Signature of Reference
Date

**Deadline: Friday,
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 Code:_____